

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>10811</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / 2004 Through <u>12</u> / <u>31</u> / 2004
3 Name and address of person filing Name <u>TOM MORLEY</u> P O Box, Bldg, Room No, if any _____ Street <u>4201 E BONANZA ROAD, SUITE 101</u> City <u>LAS VEGAS</u> State <u>Nevada</u> ZIP Code + 4 <u>89110-6101</u>	4 Name, file number, and address of labor organization Name <u>SOUTHERN NEVADA LABORERS LOCAL 872</u> Labor Organization File Number <u>001013</u> P O Box, Building and Room Number, if any _____ Street <u>4201 E. BONANZA ROAD, SUITE 101</u> City <u>LAS VEGAS</u> State <u>Nevada</u> ZIP Code + 4 <u>89110-6101</u>
5 Position in labor organization <u>POLITICAL ACTION DIRECTOR</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____ _____ _____ 7 b Amount _____ _____ _____

Signature

15. Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)	
Signed <u>J. Morley</u>	On <u>8.15.05</u> Date <u>(702) 528-4600</u> Telephone Number

Name of Person Filing TOM MORLEY

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

9 Business deals with☐ a Labor Organization☐ b Trust☐ c Employer**10** If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing**11 b** Approximate dollar value of such dealing**12 a** Nature of interest held or income received**12 b** Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name LABORERS' HEALTH & SAFETY FUND OF N AMERICA

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 905 16TH STREET, NW

City WASHINGTON

State District of Columbia

ZIP Code + 4 20006-1765

14 a Nature of payment

02/19/04 LUNCH PRESENTATION FOR CONTRACTORS EVENT

13 b Is the Business an Employer ☒or Consultant ☐ ?**14 b** Amount of payment

\$29

Name of Person Filing TOM MORLEY

File Number U-

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name LABORERS' HEALTH & SAFETY FUND OF N AMERICA

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 905 16TH STREET, NW

City WASHINGTON

State District of Columbia ZIP Code + 4 20006-1765

14 a Nature of payment.

07/12/04 DINNER AT TRI-FUNDS CONFERENCE.

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment.

\$40

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name LABORERS' HEALTH & SAFETY FUND OF N AMERICA

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 905 16TH STREET, NW

City WASHINGTON

State District of Columbia ZIP Code + 4 20006-1765

14 a Nature of payment

07/17/04 DINNER FOR HISPANIC EVENTS

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment.

\$25

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.